

CERTIFICATE OF OCCUPANCY CITY OF WAVELAND

that at the time of issuance, this structure was in compliance with the various ordinances of the City of Waveland regulating building construction or use This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying

Certificate #:1718963

Issued to: WESLEY COOPER

Building Address: 217 WAVELAND AVE

City, State, Zip: WAVELAND, MS 39576

Issued Date: 04-16-2018 Expires: End of occupancy

Occupancy Type: R1 SFR Home

Sprinkler System Required: WC

Special Conditions: NOME

Building Official

Date

81.91.15

2018 4397 Recorded in the Above Deed Book & Page 04-09-2018 01:21:02 PM Timothy A Kellar

NONCONVERSION AGREEM性的中心 County with CITY OF WAVELAND, MISSISSIPPI

	This DE	CLARATION made this 9th day of April , 20 18, by Wesley Cooper (OWNER) having an address at 217 Waveland Av.
	WITNES	SSETH:
	WHERE	EAS, the Owner is the record owner of all that real property located at <u>Z17 Waveland Av.</u> ity of Waveland, MS, in the County of Hancock, designated in the Tax Records as <u>1627-0-10-339.000</u> .
		EAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base
	flood ele	evation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland
	riooapia	ain Management Ordinance of Number 342 and under Permit Number 1800043.
		AS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants,
		ns and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and one of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners,
	and ass	
	HPON 7	THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
	OI ON I	THE TERMIO AND GODDEOT TO THE GONDITIONS, as follows.
:	. 1.	The structure or part thereof to which these conditions apply is:
	2.	At this site, the Base Flood Elevation is 20+1 feet above mean sea level, National Geodetic Vertical Datum.
	3.	Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or
		access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the
		Base Flood Elevation.
	1	The wells of the anglesed group below the Door Flood Flowstian shall be assuinged and remain assuinged with
	4.	The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
	5.	The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the
		cost for flood insurance.
	6.	A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the
	٥.	exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be
		exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the wife individual process and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the wife individual process and interior of the Permit.
		Thay be conducted if art annual agreecoon discovers a violation of the Fermit.
	7.	Other conditions:
		In withess whereof the undersigned set their tends and seals this day of
	-	My Commission Dos 24 code Hancock County 3 5 5 5
		1 certify this instrument was filled on the
	•	State of Mississippi, County of Hancock Personally appeared before me, the undersigned With the state of Mississippi, County of Hancock O4-09-2018 01:21 02 Pit (Seal)
		authority in and for the said county and state, 2018 at Fages 4972 - 4897
n	othy A	Kellar my jurisdiction, the within named 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
h	aricer	who acknowledged that Me executed the
4	Liek	Cabove and foregoing instrument.

*** Certified Copy Page ***

I, Timothy A Kellar, Chancery Clerk, do hereby certify that the foregoing is a FULL, TRUE and CORRECT copy of the Instruments(s) herewith set out as same appears of record in: Deed BOOK - 2018, AT PAGE - 4397 in said court.

Witness my hand and seal this 9 Day of April, 2018.

Timothy A Kellar

Chancery Clerk

Hancock County, MS

DC:

Printed: 04-09-2018 01:21:46 PM Optical file reference: D112D.7E2

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION						FOR INSU	RANCE COMPANY USE
	A1. Building Owner's Name WESLEY COOPER Policy Number:						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 217 WAVELAND AVE Company NAIC Number:							NAIC Number:
City WAVELAND		15)		State Mississippi		ZIP Code 39576	
A3. Property Desc TAX PARCEL # (1		nd Block Numbers, Ta: 9.000)	x Parce	l Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Residen	tial, Non-Residential, A	Addition	, Accessory, etc.)	RESIDENTIAL	21051 - 20101 WARK	
A5. Latitude/Longi	tude: Lat. N	30-16-35	Long. V	V 89-23-4	Horizontal Datum	: NAD	1927 X NAD 1983
A6. Attach at least	2 photograpl	hs of the building if the	Certific	cate is being used t	o obtain flood insura	nce.	
A7. Building Diagra	am Number	6					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		159 sq ft			
b) Number of	permanent flo	ood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	rade2
c) Total net ar	ea of flood op	penings in A8.b19	6 s	sq in			
d) Engineered	flood openin	gs? ☐ Yes ☒ No	o c				
A9. For a building v	with an attach	ed garage:					
a) Square foot	age of attach	ed garage 0		sq ft			
		ood openings in the atta			ot above adjacent gr	rade	0
		enings in A9.b		sq in	17 Stationalitic (2002) pluste € transportations — on		
d) Engineered		A					
u) Liigiilos.eu	nood open,	33:	J				
	SE	CTION B – FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMAT	ION	
B1. NFIP Communi		ommunity Number		B2. County Name			B3. State
WAVELAND 28526	2			HANCOCK			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		RM Panel fective/	B8. Flood Zone(s)		se Flood Elevation(s) ne AO, use Base
28045C-0344	D	10/16/2009		evised Date	AE		od Depth)
200-30-0011		10/10/2000	10, 10,	2000	,,,_		20
B10. Indicate the so	ource of the E	Base Flood Elevation (E	3FE) da	ata or base flood de	epth entered in Item	B9:	
FIS Profile	▼ FIRM [Community Determ	ined [Other/Source:			
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 DOTHER/Source:							
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No						
Designation D			BRS	□ OPA		© 10 10 10 10 10 10 10 10 10 10 10 10 10	
	Section of Section 1		New York				

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, and/or 217 WAVELAND AVE	Policy Number:						
City	te ZIF	Code Code	Company NAIC Number				
WAVELAND Miss							
SECTION C – BUILDING ELE	EVATION INFORMA	TION (SURVEY RE	EQUIRED)				
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when concept to the complete Items C2.a—h below according to the build Benchmark Utilized: USM NETWORK Indicate elevation datum used for the elevations in item NGVD 1929 NAVD 1988 Other/S Datum used for building elevations must be the same a) Top of bottom floor (including basement, crawlspane) Top of the next higher floor c) Bottom of the lowest horizontal structural members d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment serving (Describe type of equipment and location in Community Including Computer (finished) grade next to building Computer (finished) grade next to build	n Drawings*	ilding Under Construing is complete. BFE), AR, AR/A, AR/A, in Item A7. In Puerto : NAVD 1988 Dw. BFE.	Check the measurement used. X Finished Construction				
			X feet meters				
h) Lowest adjacent grade at lowest elevation of deck structural support	or stairs, including	13. 8	X feet meters				
SECTION D – SURVEYOR, I	ENGINEER, OR ARC	CHITECT CERTIFIC	CATION				
This certification is to be signed and sealed by a land surv I certify that the information on this Certificate represents is statement may be punishable by fine or imprisonment und Were latitude and longitude in Section A provided by a lice	my best efforts to inter ler 18 U.S. Code, Sec	pret the data availab tion_1001	law to certify elevation information. ole. I understand that any false Check here if attachments.				
Certifier's Name DUKE LEVY	License Number 01722		and the second second				
Title SURVEYOR Company Name DUKE LEVY & ASSOCIATES Address 1711 WAVELAND AVE	OUKE LEVAL RED PROFESSION OF SERVICE AND S						
	01.1	715.6	OF THE SURVE				
	State Mississippi	ZIP Code 39576	or MISS.				
	Date 04/11/2018	Telephone (228) 467-5212					
Copy all pages of this Elevation Certificate and all attachment	ts for (1) community off	icial, (2) insurance ag	gent/company, and (3) building owner.				
Comments (including type of equipment and location, per C WO # 18-17-170 A/C IS THE LOWEST MACHINERY LOCATED ON THE W		OUSE.					

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Su 217 WAVELAND AVE	Policy Number:		
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption



Photo Two

Photo Two Caption

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, S 217 WAVELAND AVE	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 217 WAVELAND AVE					
City	State	ZIP Code	Company NAIC Number			
WAVELAND	Mississippi	39576	17 100			

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption

Photo Two

Photo Two

Photo Two Caption

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

						FOR INSU	RANCE COMPANY USE
A1. Building Owner's Name WESLEY COOPER						Policy Nun	nber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.217 WAVELAND AVE							NAIC Number:
City WAVELAND				State Mississippi		ZIP Code 39576	
A3. Property Desc TAX PARCEL # (1)		nd Block Numbers, Ta: 1.000)	x Parce	el Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Residen	tial, Non-Residential, A	Addition	n, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longi	tude: Lat. N	30-16-35	Long. V	V 89-23-4	Horizontal Datum	: NAD	1927 × NAD 1983
A6. Attach at least	2 photograpl	hs of the building if the	Certific	cate is being used t	o obtain flood insura	ince.	
A7. Building Diagra	am Number	5					
A8. For a building	with a crawls _l	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		sq ft			
b) Number of p	permanent flo	ood openings in the cra	wlspac	ce or enclosure(s) w	vithin 1.0 foot above	adjacent gr	ade
c) Total net are	ea of flood op	penings in A8.b		sq in			
d) Engineered	flood opening	gs? 🗌 Yes 🗌 No)				
A9. For a building v	vith an attach	ed garage:					
a) Square foot	age of attach	ed garage		sq ft			
b) Number of p	permanent flo	ood openings in the atta	ached (garage within 1.0 fo	ot above adjacent g	rade	
c) Total net are	ea of flood op	enings in A9.b		sq in			
d) Engineered	flood opening	gs? Yes No	0				
	SE	CTION B – FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMAT	TION	
B1. NFIP Communi				B2. County Name		iioii	B3. State
WAVELAND 28526	2			HANCOCK			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E:	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zor	se Flood Elevation(s) ne AO, use Base od Depth)
28045C-0344	D	10/16/2009	10/16		AE	1100	20
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile	▼ FIRM [Community Determ	ined [Other/Source:			
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No						
	Designation Date: CBRS OPA						

IMPORTANT: In these spaces, copy the corresponding information from Sec	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou 217 WAVELAND AVE	Policy Number:				
City State ZIP (WAVELAND Mississippi 3957	Code 76	Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORMAT	TION (SURVEY RE	EQUIRED)			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:					
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	N/A	X feet meters			
SECTION D – SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFIC	CATION			
This certification is to be signed and sealed by a land surveyor, engineer, or arch I certify that the information on this Certificate represents my best efforts to interpstatement may be punishable by fine or imprisonment under 18 U.S. Code, Secti Were latitude and longitude in Section A provided by a licensed land surveyor?	oret the data availal ion 1001.	law to certify elevation information. ble. I understand that any false Check here if attachments.			
Certifier's Name DUKE LEVY 01722 Title SURVEYOR Company Name DUKE LEVY & ASSOCIATES Address 1711 WAVELAND AVE City WAVELAND State Mississippi	ZIP Code 39576	DUKE LEVY SPIACER SO WE Seely 448 Herei 722 PARISSISS			
Copy all pages of this Elevation Certificate and all attachments for (1) community office	Telephone (228) 467-5212 cial, (2) insurance a	gent/company, and (3) building owner.			
Comments (including type of equipment and location, per C2(e), if applicable) WO # 18-17-170 TBM - IS A RAILROAD SPIKE IN A POWER POLE ON THE SOUTH SIDE OF A CONCRETE DRIVE APRON AT 217 WAVELAND AVE AT EL = 13.84' FEET					

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSU	RANCE COMPANY USE	
A1. Building Owner's Name WESLEY COOPER Po							nber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 217 WAVELAND AVE							NAIC Number:
City WAVELAND				State Mississippi		ZIP Code 39576	
A3. Property Desc TAX PARCEL # (1		nd Block Numbers, Ta 9.000)	x Parce	el Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Resider	itial, Non-Residential, A	Addition	n, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longi	tude: Lat. <u>N</u>	30-16-35	Long. V	V 89-23-4	Horizontal Datum	: NAD	1927 X NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	Certific	cate is being used t	o obtain flood insura	ance.	
A7. Building Diagra	am Number	5					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)		sq ft			
b) Number of	permanent flo	ood openings in the cra	wlspac	ce or enclosure(s) w	rithin 1.0 foot above	adjacent gr	ade
c) Total net ar	ea of flood op	penings in A8.b		sq in			
d) Engineered	flood openin	gs? 🗌 Yes 🗌 No	0				
A9. For a building v	vith an attach	ed garage:					
a) Square foot	age of attach	ed garage		sq ft			
		ood openings in the atta			ot above adjacent g	rade	
		enings in A9.b			,		
		gs? Yes No		· · · · · · · · · · · · · · · · · · ·			
		- 1					
		CTION B – FLOOD IN	ISURA			TION	
B1. NFIP Communi WAVELAND 28526		ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E1	I IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zor	le Flood Elevation(s) ne AO, use Base nd Depth)
28045C-0344	D	10/16/2009	10/16	/2009	AE		20
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ※ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate eleva	tion datum us	sed for BFE in Item B9:	N	GVD 1929 ⊠ NA	VD 1988 ☐ Oth	er/Source: _	
B12. Is the building	located in a	Coastal Barrier Resour	rces Sy	stem (CBRS) area	or Otherwise Protec	ted Area (C	PA)? ☐ Yes ☒ No
Designation D			BRS	□ ОРА		even sitra vigin così scrippi qui (1 🗆 10) 🐧 🗀	,
or convention 🕶 distributed and the State of the State o							

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box 217 WAVELAND AVE	No. Policy Number:
City State ZIP Code WAVELAND Mississippi 39576	Company NAIC Number
SECTION C - BUILDING ELEVATION INFORMATION (SUR	RVEY REQUIRED)
C1. Building elevations are based on:	Construction*
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	X feet meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT C	ERTIFICATION
This certification is to be signed and sealed by a land surveyor, engineer, or architect author I certify that the information on this Certificate represents my best efforts to interpret the data statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor?	rized by law to certify elevation information. a available. I understand that any false
Certifier's Name License Number DUKE LEVY 01722	
Title SURVEYOR Company Name DUKE LEVY & ASSOCIATES Address 1711 WAVELAND AVE City State WAVELAND AVE Mississippi 39576	Place Seano Seano LS. 1722 OF MISSISSIPPLE OF
Date Telephone 07/14/2017 (228) 467-5	
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insu	
Comments (including type of equipment and location, per C2(e), if applicable) WO # 17-170 TBM - IS A RAILROAD SPIKE SET IN A POWER POLE ON THE SOUTH SIDE OF A CONC AVE AT EL = 13.84' FEET	

IMPORTANT: In these spaces, copy the corre	FOR INSU	RANCE COMPANY USE					
Building Street Address (including Apt., Unit, St 217 WAVELAND AVE	uite, and/or Bldg. No.) or	P.O. Route and Box I	No. Policy Num				
City WAVELAND	State Mississippi	ZIP Code 39576		NAIC Number			
SECTION E – BUILD	ING ELEVATION INFOI R ZONE AO AND ZONE	RMATION (SURVE) A (WITHOUT BFE	/ NOT REQUIRED))			
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.							
Provide elevation information for the follow the highest adjacent grade (HAG) and the Top of bottom floor (including basement)	lowest adjacent grade (LA	riate boxes to show v AG).	vhether the elevation	on is above or below			
crawlspace, or enclosure) is b) Top of bottom floor (including basement		feet _	meters above	e or			
crawlspace, or enclosure) is		feet [e or below the LAG.			
E2. For Building Diagrams 6–9 with permanent the next higher floor (elevation C2.b in the diagrams) of the building is	flood openings provided	in Section A Items 8		s 1–2 of Instructions), e or ☐ below the HAG.			
E3. Attached garage (top of slab) is		feet [e or below the HAG.			
E4. Top of platform of machinery and/or equipm servicing the building is	nent		meters above	e or Delow the HAG.			
E5. Zone AO only: If no flood depth number is a floodplain management ordinance? Yes	available, is the top of the es	bottom floor elevated	d in accordance with				
SECTION F - PROPERT	Y OWNER (OR OWNER	'S REPRESENTATI\	/E) CERTIFICATIO	N			
The property owner or owner's authorized reprecommunity-issued BFE) or Zone AO must sign h	sentative who completes nere. The statements in S	Sections A, B, and E ections A, B, and E a	for Zone A (without are correct to the be	a FEMA-issued or st of my knowledge.			
Property Owner or Owner's Authorized Represe	ntative's Name	***************************************					
Address	Ci	ty	State	ZIP Code			
Signature	Da	ate	Telephone				
Comments							
			Chec	k here if attachments.			

IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, 217 WAVELAND AVE	Suite, and/or Bldg. No.) or P.O. Route and Box	x No. Policy Number:						
City WAVELAND	State ZIP Code Mississippi 39576	Company NAIC Number						
SECT	TON G - COMMUNITY INFORMATION (OPTI	ONAL)						
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.								
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)								
G2. A community official completed Second Zone AO.	ction E for a building located in Zone A (without	t a FEMA-issued or community-issued BFE)						
G3. The following information (Items G4	4–G10) is provided for community floodplain ma	anagement purposes.						
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued						
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Improvem	nent						
G8. Elevation of as-built lowest floor (includir of the building:	ng basement)	feet meters Datum						
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet meters Datum						
G10. Community's design flood elevation:		feet meters Datum						
Local Official's Name	Title							
Community Name	Telephone							
Signature	Date							
Comments (including type of equipment and lo	cation, per C2(e), if applicable)							
		Check here if attachments.						